

COPY



STATE OF ARIZONA APPLICATION FOR CERTIFICATION

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)
Please Print or Type

☒ Initial Application

☐ Amended Application

FILERID
2004-93195

NAME OF CANDIDATE <u>David M. Gowan, Sr.</u>		OFFICE SOUGHT (include Legislative District, if applicable) <u>State Rep / Dist 30</u>	
ADDRESS (NUMBER & STREET) <u>304 N. 3rd St.</u>		CITY <u>Sierra Vista</u>	STATE <u>AZ</u> ZIP <u>85635</u>
MAILING ADDRESS (if different from above) <u>304 N. 3rd St. PC Box 1753</u>		CITY <u>Sierra Vista</u>	STATE <u>AZ</u> ZIP <u>85635</u>
CANDIDATE'S TELEPHONE # <u>(520) 458-5735 (520) 559-0878</u>	CANDIDATE'S FAX # <u>N/A</u>	CANDIDATE'S E-MAIL ADDRESS <u>kyashigowan@hotmail.com</u>	
CANDIDATE'S PARTY AFFILIATION (if any) <u>Republican</u>			
NAME OF CANDIDATE'S COMMITTEE <u>Gowan 2004</u>			
COMMITTEE'S ADDRESS <u>304 N. 3rd St. PC Box 1753</u>		CITY <u>Sierra Vista</u>	STATE <u>AZ</u> ZIP <u>85635</u>
COMMITTEE'S PHONE # <u>(520) 458-5735 (520) 559-0878</u>	COMMITTEE'S FAX # <u>N/A</u>	COMMITTEE'S E-MAIL ADDRESS <u>kyashigowan@hotmail.com</u>	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) <u>David M. Gowan, Sr.</u>			
DESIGNATED INDIVIDUAL'S ADDRESS <u>304 N. 3rd St. P.O. Box 1753</u>		CITY <u>Sierra Vista</u>	STATE <u>AZ</u> ZIP <u>85635</u>
DESIGNATED INDIVIDUAL'S TELEPHONE # <u>(520) 458-5735 (520) 559-0878</u>	DESIGNATED INDIVIDUAL'S FAX # <u>N/A</u>	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS <u>kyashigowan@hotmail.com</u>	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number) (A.R.S. §16-948(A)). <u>Bank of America</u>			

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate N/A as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Candidate's signature: N/A

CCEC-003-APP/CERT-08/28/01

Application for Certification - Part II

CANDIDATE AND DESIGNATED INDIVIDUAL'S STATEMENT (A.R.S. §16-947): I, the undersigned, upon my oath and under penalty of perjury, certify that the following statements are true and accurate to the best of my knowledge and belief: